

DECLARATION FOR UNITED STATES PATENT APPLICATION, POWER OF ATTORNEY, DESIGNATION OF CORRESPONDENCE ADDRESS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

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the specification of which

☒ is attached hereto.

☐ was filed on _____, as Application Serial No. _____,
and was amended on _____ [if applicable];

☐ was filed under the Patent Cooperation Treaty on _____,
Serial No. _____, the United States of America being designated.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose to the Patent and Trademark Office information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent, utility model, design or inventor's certificate listed below and have also identified below any foreign application(s) for patent, utility model, design or inventor's certificate having a filing date before that of the application(s) on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
Number	Country	Date Filed	Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application.

Application Serial No.	Filing Date	Status

I hereby appoint the following attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Steven M. Rabin (Reg. No. 29,102), Robert H. Berdo, Jr. (Reg. No. 38,075), Phillip G. Avruch (Reg. No. 46,076) and Allen Wood (Reg. No. 28,134), 1101 14 Street, N.W., Suite 500, Washington, D.C. 20005, Telephone: (202) 659-1915; Fax: (202) 659-1898. Address all correspondence to RABIN & BERDO, P.C., 1101 14 Street, N.W., Suite 500, Washington, D.C. 20005.

The undersigned hereby authorizes the U.S. attorneys named herein to accept and follow instructions from the undersigned's assignee, if any, and/or, if the undersigned is not a resident of the United States, the undersigned's domestic attorney, patent attorney, patent agent, or patent representative as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorneys and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorneys named herein will be so notified by the undersigned.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature: CHUN-HUNG LIN Date: Oct. 27, 2003
First Joint Inventor: Chun-Hung LIN
Citizenship: TAIWAN, R.O.C.
Residence and Post Office Address: No.4, Lane 306, Sec.2, Tai Lin Rd., Taishan Shiang, Taipei
Hsien, Taiwan, R.O.C.

Signature: _____ Date: _____
Second Joint Inventor:
Citizenship:
Residence and Post Office Address:

Signature: _____ Date: _____
Third Joint Inventor:
Citizenship:
Residence and Post Office Address:

Signature: _____ Date: _____
Fourth Joint Inventor:
Citizenship:
Residence and Post Office Address:

Signature: _____ Date: _____
Fifth Joint Inventor:
Citizenship:
Residence and Post Office Address: